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ORIGINAL COMMUNICATIONS.

APPLICATION OF GUTTA PERCHA TO CLUB FOOT DRESSINGS.

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Mrs. — was confined with her first child Nov. 5, 1860. The labor was natural, and she had a safe and satisfactory getting up.

The child I soon noticed, however, had the left foot deformed, and found upon examination it had that form of Club foot known as *Talipes calcaneo-valgus*. The foot was drawn outward and upward, the bottom being nearly parallel with the limb and very much everted.

I was somewhat perplexed as to the best method to pursue; for, after operating, it seemed to me, that owing to the tenderness of the skin, it would be next to impossible to retain any of the ordinary dressings with sufficient constancy to warrant

the expectation of much from them. The probability that the difficulty would rather increase than diminish by time, and the impressible parts be assuming permanent forms, decided me to adopt some temporary dressing in order to prevent, as far as possible, an increase of the deformity.

Gutta Percha suggested itself, from its perfect flexibility and adaptiveness when softened by heat, and the more I reflected on it, the more I became convinced that that dressing would answer most admirably the intended purpose, and perhaps supersede the necessity of an operation altogether.

Accordingly, after waiting until the mother who had not known it, had so far recovered as to prevent any unfavorable effect from the cheerless news, I proceeded, Nov. 21, to dress the foot in the following manner :

I procured some Gutta Percha of the ordinary sheet kind as kept in the shops, one-eighth of an inch thick. Then, first cutting a pattern of paper, I formed two splints, as represented in the adjoining cuts :

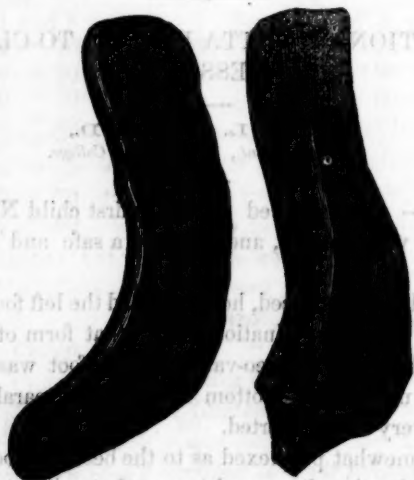


Fig. 1.

They will be seen to consist of two half gaiters, which extend as splints up the leg almost to the knee, the garter por-

tions being large enough to almost completely embrace the foot when adjusted.

The splints were then softened in hot water until perfectly flexible and yielding. The limb being well oiled, they were applied and accurately moulded to the parts; the foot was then bent to occupy the desired position, and while held firmly thus, was dipped in cold water, which, rapidly cooling the splints, fixed the limb securely in position indicated.

I then removed the splints, and, after drying, lined them with several thicknesses of canton flannel, when I re-applied them, fastening them carefully with the ordinary roller bandage.

This dressing was examined once in two or three days, to see that it was not chafing, and carefully re-adjusted, the limb at each examination being well bathed in cold water, followed by vigorous friction.

A week or ten days was sufficient to prove to me the wisdom of my course, a very manifest improvement being perceptible. As the mother got to understand the application of the dressings, they were taken off more frequently, and the cold water and frictions applied.

On Dec. 26th, from the natural warmth of the limb and the increasing strength of the muscles, I found it necessary to remodel and strengthen my dressing, which I did as represented in fig. 1 of the wood cuts, by the addition of another thickness of Gutta Percha applied to the outside of those splints I had used, which was readily accomplished by warming the two and applying them together, when they adhered firmly.

After softening the splints and adjusting them to the limb, I bent the foot beyond the natural straight shape of the limb, approximating that of *Talipes varus*, and after cooling, fixed, padded and applied them as before. These were worn for six weeks, when the foot was found to be perfectly straight and natural in every particular, so much so that the most careful examination could not distinguish the affected foot, when the

dressing was discontinued. It is now two months since the dressing was used, and there is not the slightest tendency to return.

It might be proper to mention that the characteristic attendant of flattening of the sole of the foot, from sinking of the plantar arch, was present in a very marked degree, and was removed with the rest of the deformity.

These splints never gave rise to the slightest abrasion or irritation, taking as they did the exact mould and shape of the limb, giving equable pressure at all points. In addition it has another most desirable quality, that of cleanliness, not absorbing moisture, and can be cleansed without difficulty.

This dressing for cases to which it is applicable, it occurs to me, has this very obvious merit: it allows the surgeon to apply effective restraint to the distorting muscles, much earlier than he could otherwise do, owing to the tenderness of the infant skin. This early application of restraint gives the surgeon the paramount advantage in time, before the yielding and less resisting parts, become fixed in their abnormal shape, for it has been abundantly shown that textural alterations almost, if not always, occur subsequent to birth, and the earlier the remedial applications, the more confidently may satisfactory results be expected.

This dressing, it seems to me, would be quite as applicable to cases where the deformity was so great, or permanent, as to render resort to the knife necessary. They could be modified in shape so as to embrace any required part of the foot, or strengthened by an increase of thickness, either by adding layers externally or having it manufactured of the right strength, so as to adapt them to any required case. Or, they could be strengthened by the addition of conforming splints of steel or wood externally, which, while they would still retain their most desirable feature of uniform pressure, would give the additional strength of these substances.

Surgical Anatomy.—Writers describe four forms of club foot, according to the muscles acting to cause the defect, and

the usual monotony in the study of the muscles is somewhat broken up in the group of the leg and foot, inasmuch as they are the active agents in producing this unsightly deformity. The most simple of these forms is *Talipes equinus*, in which the heel is raised from the ground by the rigid contraction of the *Gastrocnemius* and *Soleus* muscles, the weight of the body being thrown forward on the ball of the foot. It is remedied by dividing the *tendo Achillis*, (the tendon of those two muscles,) an inch above its insertion into the *Os calcis*.

Probably the most rare variety is the *Talipes calcaneus*, in which, by a contraction of the extensors, the toes are raised and the weight of the body is thrown on the heel. The *Extensor*, *Prop. Policis*, *Et. Longus Digitorum*, *Peroneus Tertius* and *Tibialis Anticus*, are the muscles acting wholly or in part to produce this deformity. They may be divided after they pass beneath the annular ligament, recollecting the situation of the *Dorsalis Pedis* artery and *Anterior Tibial* nerve, between the tendon of the *Extensor Proprius Policis* and the innermost tendon of the *Extensor Long. Digitorum*; the nerve lying to the outside of the artery.

Talipes valgus, the deformity present in the case I have described, consists in the turning of the foot inward by the action of the *Peroneus Longus* and *Brevis* muscles, so that the weight of the body rests on the inner side of the foot and ankle, and is seldom a simple form, being most frequently combined with a greater or less degree of *T. calcaneus*, forming what might be called *T. calcaneo-valgus*. The sole of the foot is usually flattened, from flaccidity of the plantar ligaments allowing the plantar arch to give away. This form is remedied by division of these tendons, (*Peronei*), which can be most readily and safely done below and in front of the outer malleolus upon the outer side of the *Os calcis*, where they both lie together and can be divided with little difficulty or danger.

By far the most common variety is the *Talipes varus*, in which the foot is inverted, so that the weight rests on the

outer side of the foot and ankle, and, as we find in *T. valgus*, is seldom a simple form, being most frequently combined with *T. equinus*, the foot thrown forward, the weight coming on the anterior outer side of the foot.

The *Tibialis Anticus*, passing as it does in front of the inner malleolus, to be inserted into the adjacent portions of internal cuneiform, and metatarsal bone of the great toe, on their inner sides, by its action will elevate the inner border of the foot, while the *Tibialis Posticus* passing behind the same malleolus to its insertion in the inner extremity of the Scaphoid, will twist the foot inwards and upon itself, and acting with the *Flexor Longus Digitorum*, throw the foot forward, causing it to rest, as it does most commonly, on the anterior portion of its outer side.

The plantar fascia is in most cases contracted, and will need to be divided across. Section of the tendon of *Tibialis Anticus* may be made just previous to its insertion, though the tendon may be distinguished more readily nearer the annular ligament, as it flattens out very much just before it is inserted. *Tibialis Posticus* may be divided a half inch below and in front of the point of the inner malleolus, being careful not to allow the point of the knife to wound the Internal Plantar artery, as it passes along the inner margin of the sole of the foot. Or this tendon, as well as that of the *Flexor Long. Digitorum*, may be divided, as they pass close behind the inner malleolus, lying together, and in front of the other important tissues.

There will be very many combinations of the actions of these, and other muscles, producing the different deformities found in Club Foot—to distinguish which, must be left to the intelligence and discrimination of the Surgeon.

RETROVERSION OF THE UTERUS,
WITH A DESCRIPTION OF AN INSTRUMENT DESIGNED FOR ITS
REPOSITION.

BY H. W. JONES, M. D.

In December of 1860, I was called to see a lady who gave me the following history of her case:

Married at nineteen, she was soon pregnant, and, after a severe fright, had aborted at the third month. Previously had had excellent health, but since the summer of 1859, when the accident occurred, she had experienced much suffering in the back and pelvic regions, being at no time entirely free from pain. Leucorrhœa was abundant, of a "white of egg" appearance, and her menstrual returns were dysmenorrhœic in the extreme. Her symptoms were all aggravated at such times, and though she had never been willing, before, to submit to local treatment, she now desires it. The bowels are very costive, and urination is required "at least every half hour."

An examination by touch detects the os uteri just within the vaginal orifice, pressing against the urethra, patulous and sensitive. The body of the uterus fills the sacral cavity and is slightly movable upon pressure. The parts are everywhere very sensitive. The speculum discloses the cervix tumefied and excoriated, the os being filled with tenacious mucus, and bleeding at the touch of the sponge. No tumors can be detected. The sound enters the uterine cavity nearly three inches, and causes pain, when in contact with the fundus, in the attempt at reposition.

A continuous recumbent position is advised, with cool ablutions of the back and pubic regions, a continued mercurial alterative, and the local application of nitrate of silver once in five days. Saline laxatives are to be used *pro re nata*.

Jan. 20th—An examination now finds the cervix less swollen and sensitive, the excavations healed, and the os smaller,

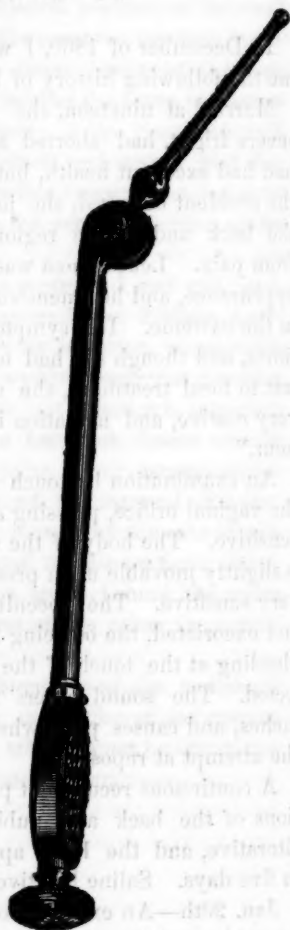
discharging but little mucus. The body of the uterus and the walls of its cavity are much less sensitive. I attempted, at this visit, to replace the organ, while the patient was upon her knees and elbows. Both finger and sound were used perseveringly, but with no effect upon the uterus.

I then devised the instrument, (here shown at half size) which was made from my drawings by Messrs. Degenhardt & Loewe, of this city. It consists of a handle, shaft and stem, the latter moving in the arc of a circle in either direction and governed by a screw at the end of the handle.

The mechanical principle involved is the same with that used at present in the apparatus for turning the guitar.

The stem may be placed at any desired angle with the shaft and introduced as in the use of the sound. Then, by means of the screw, the uterus may be gently and completely replaced in all ordinary cases.

In the case related, this *Uterine Retractor* was used four times at intervals of forty-eight hours, firm, but careful, pressure being exerted and persevered in for several minutes. Previous to its withdrawal, I introduced a colporhyter into the *rectum*, which was left in situ for three or four hours, and then removed by the patient herself.



The effect of these measures was hardly perceptible at first, but on the third occasion of their use, the uterus rose to the sacral promontory, and on the fourth a complete reposition was effected. More or less pain always attended the operation, but the patient declared that it was less than I had caused when attempting the restoration, by Simpson's sound. After the uterus was found to be in place, the colporhynter was passed into the *vagina* and was worn constantly until the next menstrual period, which occurred with comparatively slight discomfort.

While the local symptoms have thus been almost entirely removed, a few applications of the silver have been made, with a view to a correction of the slight hypertrophy remaining, and with the effect of curing the leucorrhœa.

In this case, I suppose slight adhesions of opposed peritoneal surfaces must have existed in order to account for the difficulty with which reposition was secured. The promontory of the sacrum does not encroach upon the superior strait, nor is the vaginal wall at all shortened. At present there seems no inclination on the part of the uterus to return to its misplacement.

It seems to me that the instrument described possesses great advantage in the following points :

1st. Its great power, the resultant of the combination of the screw and lever principles.

2nd. Its security against injury of the uterine cavity.

3rd. The directness of motion communicated to the uterus, the center of motion being *within the vagina*, and *at the very os uteri itself*.

4th. The ease with which the exact position of the uterus may be ascertained at any stage of its progress, by the finger held against the slight projection of the stem through the axle into which it is screwed.

REPORT OF SURGICAL CASES.

BY GEO. K. AMERMAN, M. D.,

One of the Attending Surgeons to the City Hospital.

CASE I—Compound Fracture of the Tibia, extending into the Knee Joint—Extensive Suppuration of the Joint—Recovery with a useful limb.

M— M—, aged 20, occupation a tinsmith; on the 19th of Nov., 1860, whilst engaged on the roof of a one story building, his foot slipped and he fell about twenty feet, striking, first on the right foot, and then, falling over on the same side. He was immediately carried out to an adjoining building and everything comfortably arranged by his fellow workmen until my arrival, about an hour after the occurrence of accident. I found his injuries confined to the right leg, with the exception of a scalp wound so trivial as not to require any attention. The injury of the leg consisted of a compound fracture of the tibia, oblique in its direction from below upwards, and before backwards, beginning, anteriorly, just below the tubercle, and terminating in the middle of each tuberosity above, so that without extending through the whole diameter of the bone, it formed a communication between the joint and an external irregular opening just below the tubercle. The cavity of the joint was filled with blood; the patella, separated from the condyles of the femur and drawn upward by the action of the quadriceps extensor. The wedge-shaped piece of the tibia, separated a considerable distance from the body of the bone and tilted forwards and upwards by the action of the ligamentum patella. The hemorrhage, quite free from a wound of one of the articular arteries, requiring considerable pressure over the wound to control it. A posterior straight splint was adjusted, with a roller, the patient placed in an express wagon and removed to his residence, a distance

of three miles, before any dressings proper were applied. The first dressing employed was simply a fracture box, so arranged that free access could be obtained to the wound and the parts easily examined. The only tendency to displacement was a tilting forward of the fractured piece of the tibia, which proved very difficult to overcome. Severe constitutional reaction, with intense pain in the joint, supervened the day following the injury, which were met by full doses of opium internally, and the local application of the arnica and lead lotion.

Nov. 23—Pulse 100, skin hot, leg œdematous, joint immensely swollen and painful. Ordered a cathartic of Pulv. Seidlitz, and after its operation, to take Tr. Opii Camph., Spts. Nit. Dulc. aa ζ i, Tr. Digitalis ζ i, a teaspoonful every three hours. Continue the same local treatment.

Nov. 27—Constitutional excitement entirely subsided; pulse 90. On the 25th poultices were substituted for the arnica and lead lotion, since which time there have been a few discharges of unhealthy pus from the external wound. Pressure over the joint increases the discharge. The parts surrounding are œdematous and reddish, exhibiting a tendency to erysipelas. Continue the poultices, in place of iron mixture give Quin. et Ferri, full diet, and beer.

Dec. 10—The purulent discharge continued abundant, but of a more healthy character, until night before last, when a large abscess, situated five or six inches above the knee, on the outer side of the thigh, opened spontaneously, and discharged (according to the patient's statement) a quart of pus. Since then, the original opening on the tibia in front has ceased to discharge and is nearly closed. On introducing a probe into the opening above the knee, last formed, it readily passes into the cavity of the joint. The limb was now taken from the fracture box, a roller applied from the toes as far up as the seat of the fracture, a compress placed over the fragment, and the roller continued, applied lightly, as far as the upper part of the thigh. To this was added a posterior

straight splint, extending from the middle of the thigh to the foot, secured by a second roller. The same constitutional treatment as last noted.

Jan. 4—Since last date the discharge has gradually diminished. The original wound has entirely closed. The opening above the knee still patent and discharging a small quantity of healthy pus. There is no pain except on moving the limb. The fragment can be easily moved, producing crepitus. The same dressings reapplied and same constitutional treatment.

Feb. 20—All dressings removed, and the patient allowed to walk about, with the use of a cane. The opening above the knee entirely closed. The joint free from pain or tenderness in any part and capable of supporting easily the weight of the body. Flexion can be carried to nearly a right angle and extension is almost perfect. Either flexion or extension carried beyond a certain point produce pain. With the exception of a moderate swelling around the joint, due to inflammatory exudation external to its cavity, and a slight elevation of the patella, it presents the same appearance as its fellow of the opposite side, and I have every reason to believe that by frictions and passive motion, persevered in for a long time, it will be quite as useful.

The only point of interest in connection with the above case is, its favorable termination. Simple fractures, complicated with injury of a large joint, are always regarded seriously, and compound fractures extending into a joint in such a way as to seriously damage so important a part, have, in times past, been regarded of so grave a character as to demand immediate amputation. This question of immediate amputation for injury is always a difficult one for the surgeon to decide, and must necessarily remain so. But as there is a difference of opinion in the profession regarding the results of primary and secondary amputations, with, it seems to me, the strongest evidence in favor of a secondary operation, I am inclined to the belief that in all cases of doubt we should

attempt to preserve a member, and if we fail in this, then resort to an operation secondarily.

CASE II—Extirpation of the Eye for Injury—Recovery.

Mrs. A—, aged 31, of a nervous temperament, but in the enjoyment of good general health, first came under my charge in July, 1860. On the 4th of July, 1859, a piece of percussion cap, from a small pocket pistol, struck her left eye ball near its centre, with such force as to lacerate the cornea, and, as was supposed, burrying itself deeply in the organ. Intense pain and almost entire loss of sight were an immediate result of the injury. Several attempts were made to extract the foreign body, but as it was uncertain in what direction it lay, or how deeply it had penetrated, or even whether it was lodged in the eye at all, they were unsatisfactory and entirely unsuccessful. Some inflammation supervened, accompanied by excruciating pain in the eye, forehead and side of the face. Leeches, blisters and collyria, without number, were resorted to without benefit. The inflammation pursued a regular course, to the complete destruction of the organ—the pain becoming after a time intermittent and so intense as to require the administration of large doses of opium to procure any relief whatever. In July, 1860, one year after the accident, she came under my care. At that time her general health was considerably impaired, the remains of the injured eye in a chronic state of inflammation, and the sound one exhibiting occasional symptoms of sympathetic action. I advised the immediate removal of the diseased eye as the only safeguard against destructive inflammatory action being excited in the other, and on the 20th of July, assisted by Dr. C. J. Taggart, of Beloit, and Dr. Chas. G. Smith, of this city, I performed the operation of Critchett for extirpation of the eye, the patient being under the influence of an anæsthetic. Simple dressings of cold water were applied for two days, and then all treatment discontinued. Not an unfavorable symptom occurred, and in two weeks the parts were in an excellent con-

dition for an artificial eye. As regards the method of extirpation of the eye first recommended by Mr. Critchett, it is thus described in the January number of the *N. Y. Journal of Medicine* for 1859, by Dr. C. R. Agnew, Surgeon to the New York Eye Infirmary: "The first step is to act through the conjunctiva oculi by a circumsection of the cornea in a line with the insertion of the recti muscles; then to open the theca oculi close to the sclerotic implantation of the external rectus, and a little below its inferior border. All this may be done with a pair of toothed forceps and a pair of scissors, the latter so made as to cut by their very points, and yet so blunted as not to endanger the sclerotic. The sclerotic is easily recognized by its glistening non-vascular appearance; and, moreover, immediately upon opening the theca oculi, a watery fluid exudes. Having exposed the lower border of the tendon of the rectus, an ordinary strabismus hook is slipped under the muscle and a cut or two of the scissors soon severs it from its sclerotic implantation. Care should be taken to cut between the hook and the cornea, in such a manner as to leave as little of the muscle as possible attached to the eyeball. Having divided one rectus the other steps are easy. The strabismus hook when pushed in a line of the first section, naturally glides beneath the theca oculi and the next rectus. It is better to divide the superior rectus after the external, and then the inferior rectus, leaving the internal for the closing sweep of the scissors after the optic nerve has been severed. After dividing the muscles the cavity of the ocular sheath is fairly invaded and nothing remains but to divide the optic nerve and internal rectus. The division of the optic nerve is first effected by means of the straight, blunt scissors. They should be gently pushed between the temporal aspect of the theca oculi and the sclerotic, until their closed points impinge upon the optic nerve at its junction with the eyeball. A gentle rocking motion and a slight separation of the blades will cause them to enclose the nerve-trunk, which may be cut at a single clip. When the optic nerve is not shrivelled by

atrophy its section communicates a decided jarring sensation to the operator's hand. As soon as the nerve is divided the eye-ball bulges forwards and may be easily tilted upon the side of the nose and the internal rectus divided. The exact moment of the section of the oblique muscles varies, depending upon the precision with which the scleroatic implantations of the recti are sought for. The section of the optic nerve is followed by a welling up of blood, which invariably ceases without requiring ligatures, a few moments after the eye-lids fall into position. And I would recommend that no attempts be made to free the sub-palpebral space from blood; the wounded parts will adjust themselves in such a manner as to control the hemorrhage."

Regarding the propriety of this operation Dr. Agnew says, in the same article above referred to, "There is no principle of practice in ophthalmic surgery so incontrovertible as that of the propriety of extirpating a diseased eye, with the aim of stopping sympathetic trouble in the fellow organ."

THE FORMATION OF COAGULA IN THE CIRCULATORY SYSTEM.

BY E. L. HOLMES, M. D., of Chicago.

(Read before the Chicago Medical Society.)

Few pathological changes offer a more interesting subject of study than the formation of clots in the veins and arteries. Although in many of our best standard works upon Pathology and "The Practice of Medicine" there is scarcely more than an allusion to the subject, yet it has for more than two hundred years excited the interest of accurate observers, some of the most distinguished of whom in our time have devoted much labor to its investigation and have contributed valuable additions to the literature of our science. Several important

facts have been established, by which curious phenomena in the progress of certain diseases can be satisfactorily explained. It is true the cases in which several of these phenomena are observed, are somewhat rare, yet they are liable to occur, and have without doubt occasionally fallen under the observation of every experienced practitioner. I regret that I have been able to consult so few original authorities and consequently cannot offer a paper so extended as I would wish or as the subject merits. I may mention the fact that I have found the *titles* of twenty-five articles relating more or less intimately to the subject, several of which are said to be monographs of great learning and research, prepared by writers whose authority stands prominent in medical science.

Virchow states that it had long been a popular idea that the blood under certain circumstances "curdles" in the veins during life; but that the attention of the profession was first drawn to the subject by Coiter, of Nuremburg, in 1572, and more particularly by Severinus in 1616. For two centuries physicians looked upon the fibrinous collections, found in the heart and larger vessels, as the cause of numerous diseases, especially of the lungs. In more recent times it had become almost universally the opinion that in all cases these fibrinous masses were formed after death. Within a few years, however, the subject has been carefully studied by pathologists, and the fact has been placed, perhaps beyond a doubt, that coagula may form in the heart and in different parts of the venous and arterial systems, and be the cause primarily or secondarily of the most grave consequences.

These coagula may be conveniently divided into three classes: 1st. Those originating in the heart and found in its cavities after death. 2d. Those formed in the veins and arteries, and caused by disease of those vessels in the locality in which they are found. And 3d. Wandering coagula, formed in certain localities of the circulating system and carried by the current of the blood to positions more or less remote from their origin. It is to this latter class that I wish particularly to call your attention.

1st. That the blood may coagulate in the heart during life is a fact, we think, now well established by the observations of the most reliable pathologists. Numerous cases are reported of obscure affections of the heart, arising in diseases in which the blood is known to contain an abnormal amount of fibrin. Subsequent examinations have revealed very firm yellowish concretions closely attached to the columnæ and valves, and presenting an appearance very different from that of the clots usually found after death in the heart and large vessels. That fibrin may collect in firm clot around the columnæ and valves is clearly shown by the facts not only that even in apparent healthy condition of the blood, the cardiac valves are sometimes found with quite large fibrinous concretions attached to them, but also that threads and other foreign substances, passed transversely through arteries of living animals, are soon covered with fibrinous concretions of considerable length. We see no reason why, in certain abnormal conditions of the blood, favoring these concretions, they may not form and attain a remarkable size.

For more extended discussions of this part of the subject, we would refer to the November number of the *London Lancet* for 1851, and to the January, March and October numbers of the same journal for 1852; also to page 404, vol XXII, of the *American Medical Journal*.

Somewhat different from what occurs in these cases is the more sudden coagulation of the blood in the cardiac cavities of women who have suffered from dangerous flooding in labor. If the blood taken from the vessels under such circumstances coagulates, as is said, with great rapidity, there is nothing improbable in the supposition that it may coagulate suddenly in the heart when brought almost to complete stasis, as it is in some cases of flooding from want of nervous power. It is well known that an attempt to raise such patients to an erect position is sometimes attended with fatal syncope. In other cases, the current of blood is not so much diminished, that stimulants may not arouse the patient after death has seemed

inevitable. Cases are reported in which such patients, on being aroused, have manifested alarming symptoms of disease of the heart, which have terminated fatally at periods varying from two to eighteen days. No symptoms of cardiac disease had been previously observed and the autopsies revealed no abnormal appearances except the presence of firm clots, such as I have mentioned. The subject is discussed more fully in a Monograph by Prof. Meigs and alluded to in his work on Obstetrics, as also by Prof. Flint in his work on the heart.

2d. Coagula formed in the veins and arteries caused by disease of these vessels in the locality in which the coagula are found.

The pathology of the diseases of the arteries and veins is so well understood and is so extensively discussed in the best works upon Pathology, that I shall say but little upon this portion of the subject. Among the abnormal conditions, which primarily or secondarily produce obstruction, and often, in consequence, coagula in the veins and arteries, may be mentioned: 1st. Pressure caused by tumors, and the deposition of lymph and tuberculous matter in the tissues near the vessels; pressure caused by the gravid uterus, and by contractions produced by the cicatrization of diseased tissues involving an artery or vein. 2d. Enlargement of the vessels, as in case of aneurism, varices, and dilatation of the auricles of the heart, all which are known at times to contain fibrinous collections. 3d. Debility of the heart and inactivity of the capillaries, especially in old age and certain depressing diseases, when the blood gradually ceases to flow in the vessels. 4th. Local inflammation of the veins or arteries, which often, if extensive or not arrested by treatment, terminates in obstruction of the vessels. 5th. Atheromatous degeneration of the coats of the arteries, which roughen the lining membrane and often diminishes the inner diameter of the artery. Fibrinous collections are often deposited upon these roughened portions of the artery and sometimes entirely obstruct the current of blood. I have witnessed six autopsies, in which

the basilar artery of the brain was either much roughened from atheromatous deposit or nearly obstructed from the same cause. Numerous cases are reported in which serious consequences have been traced to some one of the various diseased conditions just enumerated.

3d. Wandering coagula. Several Pathologists of eminence have made wandering clots the subject of special study. During the past few years interesting papers have been published by Dubini, Paget, Tufnell, Cruveilhier, Kirkes and Virchow. The latter Pathologist has probably investigated the subject more fully and has made more numerous examinations of the veins and arteries in the dead subject than any other writer. In an elaborate article of great interest in the "Hand Book of Special Pathology and Therapeutics," edited by Virchow himself, he has presented a very extended review of the subject. The principal facts connected with the phenomena of wandering clots may be thus briefly stated: Fibrin is deposited on the edges of the valves of the heart till concretions of considerable size are formed. These, from subsequent softening, or from the constant motion of the valves, may be dislodged from their seat and carried by the arterial current to a remote vessel small enough to arrest the course of the moving clot. The same thing may happen in cases of coagula formed upon the irregularities produced by atheromatous degeneration in the walls of an artery. Clots are also formed behind the valves of the veins, as in certain cases of varix, become dislodged and carried to the heart, and finally left in some artery of the lungs too small to allow its further progress.

Coagula formed locally in the vessels in any of the five ways above described may be broken into fragments, by pressure produced by sudden motion of a limb or by external violence, and, thus detached from their primary position, may be carried forward to obstruct the circulation of distant vessels.

It is evident that wandering clots formed in the veins must

usually be arrested in the lungs; those originating in the left portion of the heart will be carried to some portion of the general arterial system; while those forming in the veins of the chylipoietic viscera must pass into some of the branches of the portal vein. Virchow has given the term Emboli to these wandering clots.

That the current of the blood is sufficiently strong to carry peices of coagula with it, is proved by the experiments of observers, who have injected small pieces of muscle, cork, India rubber and even metallic mercury into the vessels of animals, and have subsequently found them remote from the point of injection. It is not on theoretical grounds alone that wandering clots are stated to be a secondary cause of disease. Minute examination of the arteries and veins after death have disclosed coagulated fibrin completely filling the vessel for a short distance. The obstructing clots must have been formed elsewhere, since the artery presented no indication of disease either at the point of obstruction or in any other part. In very many of these cases disease of the heart with valvular excrescences have been observed, which resemble in all respects the coagula in the remote vessels. Moreover, cases are reported by Virchow, Kirkes, Bennet and others, in which serious symptoms of disease of various organs have suddenly appeared in certain valvular affections of the heart.

Prof. Bennet states that there are now many cases on record where, in conjunction with such diseases of the heart, clots have been found in the arteries leading to important organs, causing cerebritis, pneumonia, nephritis and splenitis.

According to Virchow, affections arising from the obliteration of an important artery from an Embolus differ from those produced by local diseases of the artery in the suddenness with which the symptoms appear.

There is scarcely need of dwelling upon the serious consequences, which must result from a sudden and extensive diminution of blood supplied to the brain, any of the viscera or extremities. Insanity, convulsions, atrophy, diminution of

force, cedema, gangrene, and even death may follow. Coagula have been found in the coronary arteries of the heart, evidently originating from excrescences on the valves, where atrophy and insufficient nutrition were plainly the secondary cause of abnormal symptoms during life. It is stated on very high authority that gangrene of the extremities is often produced by the presence of wandering clots in the principal artery of the limb affected.

My attention was first directed to this subject some years since by remarks in reference to cases examined in the autopsy room of a very distinguished Pathologist. I have been led more recently to investigate the subject, from the fact that I was called upon to examine the left eye of a lady, which had become suddenly amaurotic four months before. The case may appear to have little connection with the question before us, and, I must confess, at the time I examined the eye, it did not occur to me that such a relation might possibly exist. On examining with the ophthalmoscope the eye affected, I found the transparent media perfectly normal. Externally also the eye seemed healthy, with the exception of a slight dilatation of the pupil. The posterior portion of the retina, instead of the yellowish red color peculiar to this part, as seen with the ophthalmoscope, was much darker than usual. The vessels of the retina were in a condition which I had never before observed, their course being marked only by dark opaque lines, much finer than the normal vessels. At the time I could not explain these abnormal appearances satisfactorily to myself, but gave my patient an unfavorable prognosis. It did not occur to me that it might be well to examine the heart, since in answer to my questions regarding her general health, nothing directed my thoughts to this point.

Two years after this, my attention was called to an interesting article, by V. Græfe, in the *Archiv f. Ophthalmologie*, vol. V., part I, page 136, devoted to the subject of emboli in the ophthalmic artery. He states that Virchow had already found peculiar clots in this artery in patients who had suffered from

loss of vision. The description of Græfe's case illustrated by a plate of the vessels of the retina as seen by the ophthalmoscope, which so much resembled those of my own case, leads me to believe the two cases should be placed in the same class. In the case of Græfe, the suddenness of the attack, the absence of any apparent disease of the orbit, as tumor or infiltration of lymph, which could produce pressure upon the ophthalmic artery, seem to exclude all causes of the disease, except the presence of a small wandering coagulum. The examination of the heart by auscultation showed the existence of marked disease of the valves.

The subjects to which I have asked your attention are interesting ones and are worthy of a much more thorough investigation than I have been able to bestow. An elaborate monograph upon the subject would be a useful addition to our medical literature, and it is to be hoped that some one who has access to a sufficient number of original papers and reports will undertake such a work.

CASE OF IRREDUCIBLE SCROTAL HERNIA SUCCESSFULLY TREATED.

BY ROSS C. RUSS, M. D., Royaltown, Ind.

In August, 1859, I was summoned to visit Silas Crane, a lad eight years of age, suffering with scrotal hernia. The usual taxis was employed without success. In the absence of any evidence of strangulation of the intestine, it was deemed unnecessary to operate. Directed the patient to be placed in the dorsal position, with the shoulders and pelvis raised so as to relax the abdominal muscles. This position was retained three weeks. The bowels were kept open by mild cathartics, opiates to procure rest at night and relieve local irritation, lotions of *Acet. Plumbi* externally to the scrotum. At the

expiration of three weeks I was again called; found the tumor much smaller, and by very little manipulation the knuckle of bowel was easily reduced.

One of Marsh's radical cure trusses was then applied, and up to the present date (Feb. 15th, 1861) there has been no return of the difficulty.

RETENTION OF FŒTUS SEVERAL MONTHS AFTER ITS DEATH. *

BY J. TRIPP, M. D., Morenci, Mich.

I was called Feb. 2d, 1861, at 9 o'clock P. M., to attend Mrs. D. in her third confinement. Three hours after she was delivered of a full grown female child, healthy in every respect. Ten minutes after she was delivered of a second which was dead. From the appearance I should think that the death took place about the fifth or sixth month of gestation. The mother and living child did well.

The singularity of the case is that the death and long retention of the fœtus were accompanied by no unusual symptoms.

CHAMPAIGN COUNTY MEDICAL SOCIETY.

Subsequently to preliminary meetings, the following named physicians: John Swain, C. M. Mills, A. J. Crain, C. A. Thompson, J. T. Miller, R. H. Brown, H. C. Howard, S. K. Page, S. W. Kinkaid, W. M. Goodwin, S. L. Bearce and J. F. Isom, met at the office of Dr. Mills, Friday, Jan. 2d, 1858, and organized by adopting a constitution and by-laws, and by electing S. L. Bearce, President; J. T. Miller, R. H. Brown,

* Several of these singular cases are on record.—ED. JOUR.

Vice Presidents; C. H. Mills, Secretary; S. K. Page, Secretary. The Society now numbers twenty members. Essays have been read as follows: Gun Shot Wounds, by C. H. Mills; Stomatitis Mateina, by A. J. Crain; Pneumonia, by C. A. Thompson; Alcohol, by W. Somers; Cold as a sedative, by J. T. Miller; Quinine, by R. H. Brown; Remitting Fever, by J. Swain; Rheumatism, by W. M. Goodwin; Tuberculosis, by M. B. Thompson; Croup, by Dr. Mills; Typhoid Fever, by Dr. Goodwin; Hæmaturia, by Dr. Somers; Gelseminam, by Dr. Howard; Cholera Infantum, by Dr. Isom; Diphtheria, by Dr. Mills. At our first annual meeting John Swain was elected President; Vice Presidents, J. F. Isom and D. B. Thompson; Secretary, J. T. Miller; Treasurer, C. H. Mills. At our second annual meeting W. Somers was elected President; Vice Presidents, R. H. Brown and H. C. Howard; J. F. Isom, Secretary.

The Society has undoubtedly been productive of much good. Discussion and interchange of opinion have caused much closer reading than most members have previously been in the habit of.

Urbana, Jan. 4th, 1861.

W. H. GOODWIN, Committee.

ILLINOIS STATE MEDICAL SOCIETY.

DEAR DOCTOR:

At the last annual meeting of the Illinois State Medical Society, held at Paris, Edgar county, on the 8th and 9th days of June, 1860, the undersigned was appointed Chairman of the Committee on Obstetrics, and Prof. De Laskie Miller of Chicago, Cook county, and J. B. Curtis, M. D., of Decatur, Macon county, Associates.

The Constitution of the Society makes it the duty of this

Committee to prepare an Annual Report on the more important improvements effected in this State in the Obstetric Art, and in the management of diseases peculiar to women and children, and to collect statistics during the year.

To enable the Committee to discharge this important duty, they do earnestly solicit your aid in furnishing the material necessary for such report.

We would direct your attention more particularly, 1st, To the History, Causes and Treatment of Puerperal Inflammations in your locality. 2d. To the Causes and Treatment of Displacements of the Uterus.

Please furnish any information of interest to the profession, relative to the Science or Art of Obstetrics, and Diseases of Women and Children, and forward to the Chairman of the Committee, at latest, by April 20th, 1861. Any matter furnished by you, will be thankfully received and duly credited in our report.

Direct to

T. D. FITCH, M. D.,

Kewanee, Henry Co., Ill.,

Chair'n Com. of Obstetrics, Ill. State Med. Society.

BOSTON, MASSACHUSETTS, U. S.

The question of the entire immunity from danger which is claimed for Anæsthesia produced by Ether, being still under discussion, the Boston Society of Medical Improvement has appointed the undersigned a Committee "to investigate the alleged deaths from the inhalation of Sulphuric Ether, and to report thereon."

They would therefore request the Medical Profession, or any person into whose hands this may fall, to communicate to either of them such cases, coming within their own observation, as shall serve to this end; giving the place, time and circumstances of their occurrence, with the mode of inhalation

adopted, and, especially, information in regard to the following points:

1st—*The kind of Ether used, whether pure Sulphuric Ether, Chloric Ether, or Ether Combined with Chloroform.*

2d—*The period after inhalation at which death occurred; also any other facts which may enable them to form an opinion on the subject of their investigations.*

RICHARD M. HODGES, M. D.,

GEORGE HAYWARD, M. D.,

SOLOMON D. TOWNSEND, M. D.,

CHARLES T. JACKSON, M. D.

February, 1861.

SELECTED.

TREATMENT OF UNUNITED FRACTURE BY SUBCUTANEOUS PERFORATION OF BONE.

Dr. H. O. Hitchcock, of Kalamazoo, Mich., recently reported in the *N. Y. Med. Times* a case of ununited fracture of the femur of eight months date. The bones had been well coapted and kept in place. Rubbing the ends together, electricity, starch bandage, had been resorted to without success.

The first operation was performed March 26, 1860, and consisted in perforating four times and wounding their adjacent surfaces besides. Seven days afterwards the same operation was repeated and produced much more pain than at first. Eight days after this it was repeated, "and in making the perforations between the fragments the instrument gave to my hand the sensation of hitting osseous granules in a soft matrix." After each operation the starch bandage was carefully applied. April 19—Twenty-four days after the first

operation "no motion could be perceived at the point of fracture," but the same dressing was still kept on. July 6th—The patient walked without a crutch or cane.

We desire to call attention to this case, as it is one of a small number published in which the surgeons have followed the practice which we have found necessary for success. In most very unsuitable instruments, such as gimlets, trochars, awls, etc., are stated to have been employed, and the operations seem in other respects to have been done in a manner which we have rarely found to succeed.

Dr. M. W. Townsend, of Berger, N. J., reports in the same journal for March 9, 1861, a case of fracture of the tibia and fibula of so interesting a character that we give it entire: [B.]

A. H., aged 33, fractured the tibia and fibula three and a half inches above the ankle, by a direct blow, August 3, 1856. The fracture was simple, moderately oblique, and the fragments were so slightly displaced that very little manipulation was necessary for their adjustment. The leg was dressed by a competent surgeon, on a double inclined plane, with side splints, and was retained in the apparatus six or seven weeks. As no union had taken place at that time, the leg was supported, and the patient allowed to move about on crutches, with instructions to use it with care, and, after a short time, to bear slight weight upon it. No amendment occurred except in the fibula, which united. At the end of one year, he commenced walking without aid, supporting the leg with an imperfect contrivance of a natural bone-setter. For three years he engaged in laborious occupations, until the leg became almost entirely useless from angular displacements, as the fibula constantly yielded from interstitial change. Oct. 24, 1860—The tibia at the point of fracture was bowed outwardly ten inches from the correct axis of the limb, and projected anteriorly one and a half inches. Tibia measured in its angular course three-fourths of an inch less than the sound one, while the fibula was quite as long as the other, a condition accounted for by the great separation of the two bones at the fracture, from the excessive deposit of callus into the interosseous space, and from the unnatural office thrust upon the smaller bone of sustaining weight. Around the fracture, the leg measured two and one-half inches more than the sound one, while throughout the rest of its extent it was very much atrophied even to the bones of the foot.

Oct. 25, 1860—I removed nine-sixteenths of an inch from the fibula at the angle. Interosseous space was filled for some distance above and below the fracture with callus, which impinged so strongly against the fibula as to surround one-third of its circumference, and to carry the anterior tibial vessels and nerve to the inner margin of the smaller bone. A perforator cutting three-sixteenths of an inch, was thrust through the space left by the removal of the piece of fibula, into the callus above and below the point of fracture, between the fragments of the tibia in several directions, as well as into their approximal surfaces. From a point over the internal surface of the tibia, the perforator was thrust in like manner, in radiating lines, until the structures between the fragments were thoroughly divided. The leg was laid upon a pillow, and dressed with cold water. Oct. 27—External wound closed by immediate union. No signs of inordinate vascular action. Oct. 31—One week from operation the callus and opposing fractured surfaces were so softened by the change induced by the perforator, that the angular displacement could be almost removed by moderate force, which could have been done immediately after the operation. A wide splint, reaching from above the knee to beyond the foot, with an angle at both points, well cushioned with leather and curled hair, was bound to the internal surface of the limb, so as moderately to diminish the angular displacement laterally. Each day the roller was tightened until the axis of the leg antero-posteriorly was correct. The angle in front could not be remedied by any appliance to the leg, as the patient's heel had been very sensitive since his first injury. The limb, while still bound to the splint, was suspended by means of adhesive plaster applied to the sole and retained by roller, until its own weight nearly reduced the anterior displacement to the true axis. Nov. 9—Limb put in starch apparatus, and patient allowed to sit up, and after a few days to move about. Dec. 10—Fracture sensibly less mobile than when last examined. No tenderness on firm pressure. Commencing at a point one inch above the fracture and over the spine of the tibia, the perforator was thrust obliquely downwards and backwards completely through the ends of both fragments and plane of fracture, in three radiating lines, without withdrawing the instrument from the integuments. Starch dressings renewed. Dec. 29—Dressings removed; scarcely any yielding on application of considerable force; tenderness; apparatus reapplied. Jan. 15, 1861—Apparatus removed. Fracture firmly united.

Dr. F. H. Hamilton (*Fractures and Dislocations*, page 160, where this case of non-union is noticed) states that according to his observation, delayed union more frequently occurs in fractures of the leg than in any other. Of five cases of simple fractures of the tibia and fibula which have been under the care of the writer, two were examples of union delayed beyond the eighth week, rendering the patient's removal from the bed necessary. If these observations are in accordance with facts, we may see how necessary it is to look well to fractured legs before dismissing our patients as cured, fully satisfying ourselves that there is union by bone.

The above case I consider one which testifies to the efficiency of the treatment for non-union proposed by Dr. Brainard, of Chicago.

CASE OF HYDROCEPHALUS; PUNCTURE; DEATH.

A girl aged fifteen months was admitted into St. Bartholomew's Hospital, under care of Mr. Paget, August 31, for hydrocephalus. She was a badly nourished child, emaciated and feeble. She was said not to have been born with a large head, but that it commenced to increase two months after birth. It was also ascertained that her parents were first cousins, that her mother was paraplegic, and her father phthisical. Four months before her admission her head was found to measure twenty-seven inches round, but on admission the measurement was only twenty-six. The orbital plate of the frontal bone was much pushed forwards, and hence more nearly in the perpendicular. The eyeballs were displaced inwards and forwards. The bones of the skull were at the interior fontanelle widely apart, the fissure extending for some distance betwixt the frontal and parietal bones. She was quiet in the day, seemed pretty comfortable, but cried most of the night. The thumbs were constantly drawn in on the palms of the hands. She still showed some signs of intelligence, and knew the nurse and sisters. Her appetite was voracious. On September 1st Mr. Paget introduced a capillary trocar by the side of the anterior fontanelle, and allowed six ounces of fluid to escape. Except the trifling pain of the introduction of the instrument, no particular uneasiness was produced by the presence of the trocar. On the 8th, sixteen ounces of fluid were pumped out by means of a small stomach-pump with a

gutta percha tube attached. After each of these operations the child was sick for about two hours, but next day it took food, and seemed as well as usual. On the 15th, Mr. Paget drew off eight ounces of fluid, and injected one ounce of an aqueous solution of iodine and iodide of potassium (ten grains of iodine, one scruple of iodide of potassium, and an ounce of water). The operation was borne well, and no unusual effects were produced. No iodism. On the 18th (three days after the injection of the solution), the head measured twenty-seven inches. After each of the first two operations the head collapsed slightly, the space in the anterior fontanelle becoming depressed, and the skin being looser than before. Next day, however, it had regained its previous size and appearance, the fontanelle being as tense as ever. After the third injection, however, the head did not regain its previous dimensions for ten days. On September 20th a fourth operation was performed. Eighteen ounces of fluid were drawn off, and three ounces of the solution injected. The fluid drawn off was rather more colored than usual, being somewhat like that of hydrocele. No iodine or iodide of potassium was detected in it. We may mention that Professor Langenbeck, of Berlin, was present at the operation. He suggested that the trocar should be introduced through the orbital plate of the frontal bone, in order to avoid puncturing the corpus callosum. Mr. Paget, however, preferred to puncture by the side of the anterior fontanelle, as he did in the three previous operations. The operation was performed at about half-past two o'clock in the afternoon. At five o'clock the child became convulsed, and continued so until six or seven o'clock, when the spasm became more permanent, and the child seemed quite rigid. The next morning the eyes were quite bloodshot, and the eyeballs more prominent and drawn in. During the whole of the night the child's limbs remained quite rigid. She did not cry, but she had no sleep. She was very sick. The thumbs, as previously, were spasmodically contracted on the palm, and both the great toes were also spasmodically flexed. The next day (22d) the jaws were quite stiff, the eyeballs sunken. There was less stiffness about the extremities. With the exception of a little milk, she had taken no food since the operation. She died at two o'clock, being just three days after the operation.

Autopsy.—Sept. 24—An incision was made into the more depending portion of the head, and about four pints of turbid serum were let out. The brain, which was not very adherent

to the parts around, was very soft, and at the back was softened to a pulp. The cerebellum was moderately firm, and was pushed towards the right side. The lining membrane of the general ventricular cavity (the septum lucidum being broken down) was found exceedingly vascular, quite scarlet, the vessels presenting almost a varicose appearance. At the anterior part of the ventricular cavity were deposits of flabby puriform lymph, the fluid being very turbid. The fourth ventricle was carefully examined, and was found to be quite blocked up. The lungs were studded with tubercle, as was also the costal layer of the pleura. The bronchial glands were tuberculous. The liver and spleen were also the seat of tuberculous deposits. The fluid drawn off was examined for iodine and iodide of potassium; the latter only was detected. —*Med. Times and Gazette, Dec. 22, 1860.*

NOTE.—This is the third case of hydrocephalus treated by injections of iodine of which we have knowledge. The first was that of Dr. Brainard, in which the treatment was continued during seven months. At first the effect was favorable, but eventually the disease resumed its course. The second was reported by Dr. Tournesko, of Bucharest. The disease was reported cured after one injection.

The case of Dr. Paget is interesting, for notwithstanding the result was not favorable, the injection of ten grains of iodine and twenty grains of iodide of potassium, at three different times, with no more effect than had been produced by simple tapping, is calculated to encourage further trials. It corresponds to what we have witnessed, for in the first case above alluded to no effects of a serious character were produced by the injections. Fatal symptoms, like those of Dr. Paget's case, came on while no treatment was made use of.

B.

PROF. FORGET ON INTERROGATION OF PATIENTS.

This is surely a most fruitful source of error. Unless the practitioner be acute, the patient will almost always deceive. He deceives him through stupidity, ignorance or carelessness, as we often see among the people of the lower orders who are unintelligent and inattentive to matters relating to health. They always seem to strive to conceal the real trouble; they always assign senseless causes, and commit egregious errors concerning the dates of the invasion, the symptoms, etc. The patient deceives through prejudice, dissimulation, simulation, exaggeration, according to his material or moral interests. In the hospitals, especially, these causes of error abound, and they are common in society too. Every patient has a theory on the causes of his disease. Discreditable causes are always kept back. How often have you seen me establish conclusively the existence of a venereal disorder or of a pregnancy the patient has positively denied! Only the other day, a young man with a great mass of hemorrhoidal tumors insisted that he had no trouble about the anus. When inspection had revealed the real state of things, he excused himself on the ground that he was ashamed to admit such a disease. A woman whose genitals were studded with vegetations declared there was nothing the matter in this region. Simulation is, in all ranks of society, one of the traps against which the physician has great need to be on his guard. Exaggeration is common in others besides hypochondriacs. Patients deceive through bashfulness, through vanity, through the love of the marvellous, even through gratuitous mendacity. Rachitis and scrofulous ulcers are always the results of some accident encountered in childhood. A cicatrix, a fistulous sore has been produced by a glorious wound. Many patients task their powers in inventing extraordinary causes, symptoms, and therapeutic affects: one has an attack of pneumonia from eating a joint of mutton, another has dejections which scorch his linen, a third experiences formidable accidents from drinking flaxseed tea. Lastly, there are patients who take a malicious pleasure in deceiving their doctor; hysterical women especially manifest this aberration. In short the patient deceives the physician in every way and on every subject. It is a Hercu-

lean labor to criticise, curtail, and rectify the interrogation, not only in cases of ignorant people, but of those in the highest social position, for the latter have oftentimes the most ridiculous notions and the most rooted prejudices on all medical subjects. Hence it is that practitioners soon throw overboard those formal protocols, those tedious formularies of interrogation laboriously drawn up by systematic writers, and trust to little beyond the simple evidence of their own senses. This is what I call *veterinary*.—*Gazette Medicale*.—*Md. and Va. Journal*.

ON THE ACTION OF THE IODIDE OF IRON UPON PHTHISIS.

—
BY DR. COTTON,

Physician to the Hospital for Consumption at Brompton.

Dr. Cotton tests the action of this compound upon twenty-five cases, not selected, but taken just as they arrived at the hospital, those only being excluded which either were at too advanced a stage to admit of any remedial treatment, or which happened to be laboring under some inflammatory or other important complication.

The iodide was administered in the form of the syrupus ferri iodidi mixed with water, in doses of a drachm, twice and sometimes three times a day. It was continued, according to its effects, for various periods; the shortest one month, and the longest three months.

Of the twenty-five patients, eleven were males and fourteen females; their ages varied from eighteen to forty years. Eight were in the first stage of the disease; three were in the second stage; and fourteen presented positive evidence of pulmonary cavities. In ten cases there was great improvement; in four, moderate improvement; and in eleven, no improvement.

In analyzing these results, it was found that of the ten greatly improved, four were in the first stage of the disease, and six in the third. Of the four moderately improved, one was in the first stage, one in the second, and two in the third. Of the fourteen in whom no improvement was noticeable, three were in the first stage, two in the second, and nine in the third.

Three cases of improvement were decidedly marked; two of these patients, whose disease was only in the first stage, left the hospital with their pulmonary affection quiescent, and apparently restored to health, calling themselves, indeed, "quite well;" and the other, although more advanced, and in the third stage of phthisis, was marvellously improved, and able to resume his occupation.

In two cases hæmoptysis came on during the administration of the iodide, and in two the iodide was discontinued on account of headache and dyspepsia. The spitting of blood probably was in no way attributable to its use, hæmoptysis having occurred previously in the same patients; but the other symptoms, having ceased or diminished with a change of medicine, might perhaps be fairly referred to its employment. Except in these instances, the iodide of iron appeared to agree very well with the patients, several of whom improved very much in appetite and strength.

Three of the patients in whom there had been no improvement afterwards derived benefit from other medicines.

In eight of the cases cod-liver oil was occasionally taken in combination with the iodide; one-half of these were found to belong to the class of improved, the other half to that of not improved.

Of the fourteen improved cases, ten gained in weight, some of them very considerably, three remained *in statu quo*, and one lost two pounds while under treatment. The improvement, however, was not always in proportion to the increase of weight, some of the patients who had increased the most having improved the least.

It is, perhaps, worth recording that one of the patients took, accidentally, an ounce of the syrup, which would contain thirty-two grains of the iodide of iron. It produced a distressing feeling of weight at the epigastrium, attended with nausea and subsequent purging. For several weeks afterwards there was a loss of appetite, depression of spirits, and a constant feeling of uneasiness in the region of the stomach, all of which, however, gradually passed away, leaving the patient apparently none the worse for the overdose.

After making due allowance for the influence of concomitant circumstances, such as rest, hygiene, and hope, all of which claim a prominent share in the improvement of all hospital patients, we are justified, Dr. Cotton thinks, in arriving at the following conclusions:

1. Syrup of the iodide of iron, in doses of a drachm twice

or three times a day, occasionally produces headache with some dyspeptic symptoms; but, for the most part, it is found to agree very well with consumptive patients.

2. Although very far from exhibiting what might be termed a *specific* effect, it nevertheless seems to act very beneficially in a fair number of consumptive cases, especially in those where the disease is only in an early stage.

3. Under its influence the patient's weight is generally increased.—*Med. Times and Gazette*, June 16, 1860.

SLOW POISONING BY PREPARATIONS OF LEAD, AND ITS INFLUENCE ON THE PRODUCT OF CONCEPTION.

BY CONSTANTINE PAUL,
(*Arch. Gen. de Med.*, May, 1860.)

M. Paul, an *interne* of the Paris hospital, has drawn up a valuable memoir on the effects of lead-poisoning upon the product of conception. We will relate one of his observations as an example, and present a summary of his researches. In February, 1859, a woman entered the Necker Hospital, who had been for eight years working as a polisher of printing type. She was suffering from metrorrhagia, and had an evident saturnine cachexia. She had enjoyed good health, and had been delivered of three children, happily before taking to the occupation of polisher. Since then her health had been much shattered by lead-diseases. Three months after entering upon this trade she had a first attack of colic, and four years later another. At this time she became pregnant, and bore a dead child. Three years later still, she bore a child which died at the age of five months. She had eight pregnancies all terminating in abortion at two or three months, attended with excessive metrorrhagia. She recovered in M. Bouley's ward, under tonic and restorative treatment.

This case led M. Paul to extended inquiries in the type-foundries and elsewhere. He found that those women almost alone who handle the type are affected by saturnine diseases. In a first series of observations, he found that 4 women had had 15 ascertained pregnancies—of these, 10 ended in abortion, 2 in premature labor, 1 in still-birth, and 1 child died within twenty-four hours.

In a second series of cases, 5 women had borne an aggregate of 9 children at term before exposing themselves to lead, and had no abortion or accident of pregnancy. Since exposure to lead they had 36 pregnancies; of these, 26 ended in abortion at from two to six months; 1 in premature labor; 2 in still-birth; 5 children died, 4 of which within the first year; and 2 children were living, 1 being puny and ailing, the other only three years old.

In a third order, a woman had during her employment in a type foundry five pregnancies, all ending in abortion. She quitted the business and bore a healthy child.

In a fourth order, is the case of a woman who, having left the trade for two periods, bore during these intervals of freedom two healthy children; returning to the trade had two abortions.

In a fifth series M. Paul shows that the same disastrous influence is felt when the fathers handle lead. In 7 cases, every woman had an abortion; of 32 pregnancies occurring during the husband's exposure to lead, 12 children were born prematurely. Of twenty living children, 8 died in the first year, 3 in the second, 5 in the third, 1 after the third year, 2 remained living.

In the sixth series the author shows that where the lead affection was less marked there was a corresponding diminution of the injurious effect upon the product of conception.—*S. M. & S. Journal.*

FINGER-NAIL SIGNS.—In going round the wards of the Charite with M. Beau, a novice will be not a little puzzled at seeing him scrutinize closely the finger-nails of each newly admitted patient, telling him occasionally, after a few moments' examination of his cuticular appendage: "My friend, you had a bad illness so many months ago, a very severe illness that pulled you down a good deal; and then you had a relapse," and so on. This sort of inverted palmistry puzzled me sorely at first, and I confess that even the explanation, when given, left me very sceptical as to the infallibility of this retrospective fortune telling. Nevertheless, although I do not believe in Hume, the spirit-medium, any more than in Hahneman and his microdosic followers, I do believe in this sign of the past as indicated by the nails. If you look at the fingers of a man who had typhus fever three months ago, let

us say, you will find on the nails, towards their centre (at the interval of time), a transverse furrow, deep and well-marked, coinciding with the moment when the check in their nutrition occurred—the depth of the depression being in proportion to the severity of the illness, its breadth with the duration; and the several consecutive relapses (if such occurred) being each notched on the unguinal appendices as on so many tally-sticks. Few men know that they have the past history of their own cases so thoroughly at their fingers' end.—*London Lancet*.—*Savannah Med. Jour.*

GALACTICS.—*Liquid food*, including milk, good nutritious soups, ale or beer, and other malt liquors. Lager-beer is much inferior to ordinary ale in promoting the secretion of milk, and principally as it would seem from the effect of the pitch with which it is impregnated, and which acts so powerfully and immediately upon the skin and kidneys, creating such a secretion of perspiration and urine, that the tendency to the breast is thus neutralized. "*Spirituuous* liquors, instead of increasing, as many suppose, diminish the quantity of milk secreted."

Feniculum.—Hippocrates, as well as Galen, already speaks of fennel as a means of increasing the lacteal secretion. Dioscorides ascribes the same powers to it (lib. III. chap. lxvii et seq.). According to Mitscherlich, also, it increases besides other secretions, certainly that of milk (Stille's Therap. and Materia Medica, vol. 1, p. 592). In Germany, especially, it has been tried extensively and lauded correspondingly. It is given either alone as infusion ad libit, or combined with various other articles still to enhance its power. Among the most celebrated and valuable formula is that of Hufeland:

R.	Sem. Fœniculi.....	3 i;
	Flav. Cort. Aurant.....	3 ss;
	Subcarb. Magnes.....	3 iij;
	Sacch. Alb.....	3 ij. M. ft. pulv.

Dose a teaspoonful three times a day.

I have obtained surprising results from Hufeland's formula, which I have employed in several cases, in one where the secretion had been suppressed for three weeks.—*Prof. Gardner*—*Amer. Med. Times*.

EDITORIAL.

ERRATUM.—Upon page 144 heading in our March number, for **PHYSIOLOGISM** read **PHYSIOLOGY**. There are already *isms* enough in the world, without adding this barbarism.

Longview Lunatic Asylum. Report for 1860. Ohio.—The building occupied by this institution is an elegant and spacious one, erected at a cost of nearly half a million of dollars. It accommodates about 400 patients, and is evidently conducted with great skill, sagacity and fidelity by its estimable board of officers.

Dr. C. A. Logan on Miasmatic Fever. Leavenworth, Kansas, 1861.—A monograph devoted to argument against the very convenient, but unsubstantiated, malarial hypothesis, and to show that the true cause of the so-called Miasmatic Fever is to be found in the poisonous influence upon the nervous system of an undue accumulation of carbonaceous material in the blood, however produced. The importance of the functional activity of the liver and the spleen—the necessity of proper oxygenation of the blood, the influence of diet &c., are severally dwelt upon with considerable force. We are obliged to the author for collecting many facts which tend to elucidate this obscure subject.

The Movement Cure. By Chas. F. Taylor, M. D. Lindsay & Blackiston, 1861.—This little work may for aught we know be made, or is already, the basis of some exclusive plan of treatment, which we sincerely deprecate; but, so far as can be judged from a cursory examination, is worth perusal.

It is freely illustrated with diagrams, explaining the particular movements necessary to call into exercise the muscles of each part of the body, and contains many suggestions likely to be of advantage in a systematic course of hygienic treatment.

D. D. Slade on Diphtheria. The Fiske Fund Prize Essay. Blanchard & Lea, 1861; pp. 84.—The reputation of Dr. Slade would warrant circulation to a work of much inferior general interest to the present. The essay embraces the general and special history of Diphtherite, its nature, causes, symptoms, progress, pathological anatomy and treatment. It is as concise as is consistent with a clear elucidation of the subject, practical, and we believe will attain a degree of popularity, as it certainly deserves, altogether unusual for "Prize Essays."

Treatise on Fever. By Robert D. Lyons, K. C. C., late Pathologist in Chief to the British Army in the Crimea, &c., &c. Blanchard & Lea, 1861; 800. pp. 362.—The late period at which this work was received will prevent more than a brief notice in this number. A rapid survey of its pages convinces that it is an exceedingly valuable work. It evidently brings up all the knowledge thus far accumulated on the subject of Fever, and condenses and concentrates the whole into a moderately sized, but capital, volume. Dr. Lyons is evidently no hobby rider, but has brought keen perception, extensive acquirement, a large comprehensiveness of view and a pleasing style into full and vigorous exhibition in this work. In a subsequent number we shall not scruple to make copious extracts from this really fascinating volume, and meanwhile advise you, Beloved Reader, to go to Keen's, or elsewhere, and buy, read and ponder.

The Institutes of Medicine. By Martyn Paine, A. M., M. D., L. L. D., Prof. of the Institutes of Medicine and Materia Medica in the Univ. of the City of New York; Corres-

ponding Member of, &c., &c., with a portrait of the author. 800 pp., 1108 with 6 pp. of certificates appended. Sixth Edition. Harper & Brothers, 1860.—This massive volume is but one of a series of ponderous productions, to the aggregation of which the author has devoted the energies of his life. His name is familiar to the profession as the comparatively isolated expounder and defender of solidism, or vitalism, "pure and simple." In extent of reading, and industry of annotating and writing; in entire absorption of all his faculties into the service of the one fixed idea of his life; in persistent and unchangeable devotion to the building up of leaf after leaf of his immense volumes; in steady and constant search for all the particulars, however minute, which may by any mental device be made to sustain the theories which he seeks to sustain, Prof. Paine is rather German than American, a mediæval schoolman than one of the degenerate scions of this later and "faster" age. It is not a little amusing to notice that about all the various notices and commendations which the work of this author have received, have a reticence about them which does not commit the writers to an endorsement of his opinions. Their greatest eulogy consists in congratulating the profession on the fact, that there is one writer who will insist on keeping the several facts (among the mass of mere assumptions), upon which dogmatic vitalism is based, constantly before the professional mind. They give credit to Dr. Paine for casting an anchor to the windward, so that the ship may not go to pieces on the rocks of chemical or mechanical materialism. Perhaps they forget that, in this age of the world, voyages are not accomplished by vessels perpetually anchored. The philosophy of the author is an absolute *estoppel* upon all progress and discovery. He refers all the phenomena observable in the human body, to certain abstract properties; in his own language, "substituted for the Creator," "analogous to the soul," and "capable of annihilation." He denies the propriety of making use of our knowledge of the physical laws, of any sort, to explain any

of the phenomena of health or disease. He has erected his mammoth volumes, "the principles laid down in these Institutes," as pillars of Hercules inscribed *ne plus ultra*. We have read "these Institutes" from title page to finis, carefully, and we know whereof we affirm when we say that there is not a single idea in the work which has not been antedated for centuries. In this statement, however, we must be understood as excepting the author's misrepresentations and malignant attacks upon particular individuals—in this respect he is eminently original. He never condescends to notice the utter overthrow of his positions by contemporary writers, he recognizes no such abstraction as "the good faith of authorship." Let the positive proofs that his castellated positions are but remediless ruins around him, be ever so evident, he coolly congratulates himself and the world that his "solitary position is becoming relieved." Glorifying in his angular, crablike, or rather circular progression, as the locomotive of modern discovery dashes by him he apostrophizes it like a scolding Hecate: "A ha!—my fine fellow, you'll run off from the track one of these days; you had better adhere to the crawfish methods—or better still, to the cuttlefish! Lo, here are "these Institutes," my own cuttlefish obscurity!"

One word about the peculiar method by which the author carries on his argument. Wriggling along through a mazy labyrinth of propositions, when the connective ones ought to be established, when the single fact needed to cement the others is sought for by the reader, and necessitated by the exigencies of the system—that *fact is never developed*, the author refers you to some score of paragraphs where he assumes he has established it. Turn now to each of these references, and you shall find that, under each paragraph, he but refers you to others, *including those first read*. Logically speaking, he undertakes to sustain all his doubtful and untenable propositions by the "Fallacy of References."

Briefly the "Institutes of Medicine" is a work characterized by learning rather than wisdom; by subtilty rather than pro-

fundity, by verbiage rather than ideas. It is not to the careful reader an obscure work. On the contrary by ordinary industry of analysis, there is developed a transparency of its notions, which will positively prevent their general reception among thinking men. The immense pile erected with so much labor, converges to a pyramidal apex, upon which nothing can find foothold or support.

It is a professional Ptolemaic system, wandering helplessly among the Copernicans and Newtonians of modern times. We indignantly protest against this Babel tower, being in any sense confounded with or mistaken for the true Temple of Medical Science. Such books as these, and the horrible methods of practice based upon them, have done more to bring what is called "legitimate medicine" into contempt, and to foster Homœopathy and all its kindred systems of knavery and imposture into public favor, than all other causes combined. We can scarcely be astonished to find quacks of every hue quoting "these Institutes" to sustain their dogmas, as glibly as Mahometans quote the Koran. We conclude by saying this is one of those works which illustrates the proverb "A great book is a great mischief." It has the portrait of the author (stamping it as "*genuine*,") at the head, and the certificates of the press at its tail. Price \$4.00—more or less.

Gelsemin in Spermatorrhoea.—The Am. Jour. Mat. Med. commends the following "each night on retiring:

R. Gelsemin gr. ss. Lupulin gr. iij. M. Gradually diminish the dose as the patient shows signs of improvement. We have cured several severe cases with from six to ten doses."

Chlorate of Potash.—This article has very nearly upset all the old hobbies. One of our friends uses it even when the patient is moribund "to oxygenate the blood." Another, as a substitute for Calomel as "an antiplastic." Another, as a "recondite alterative." Another, as "a stimulant to the mucus membranes." Another, as "a refrigerant saline." Another, as an "expectorant of specific characteristics."

Another has found it an "arterial sedative;" and another cures consumption and perhaps corns with it. Crystalized Elixir of Life!

Seriously, we apprehend that the inordinate and indiscriminate use of this article is becoming a little too dangerous to continue merely ludicrous. It would seem to possess about as active properties as the Nitrate, but tending to elimination rather by the mucus membranes than by the kidneys. Aside from slight stimulant effects upon this membrane, we feel warranted in saying that there is no real evidence of its medicinal efficiency. It seems especially useful in certain morbid conditions of the respiratory mucus membrane. Employed, as it frequently is, in aqueous solution acidulated by Hydrochloric acid, it of course has to divide the honor of success with the acid of the menstruum. We really hope that this very clever little medicine may not be "run into the ground" by its present enthusiastic admirers. We have too much regard for it, in some cases and in small doses, as a very convenient *placebo*—cheaper even than Iod. Potassium.

Infibulation.—In these days of moral degeneracy we are sometimes led to look back with longing eyes upon "the good old times," when the world had not become practiced in iniquity, and young people were patterns of moral excellence. We are not disposed to sermonize, but in looking over an old edition of Fabricus Ab Aquapendente we find in CAP. LXIII, *De Chirurgicis Operationibus*, the *Ratio Infibulandi Adolescentes*—which, at the present, when Anti-Tobacco seems to be the only escape valve of hygienic enthusiasm, would appear to offer a new field of philanthropic effort. We roughly translate it from the original black-letter Latin—brushing away the dust of antiquity, we commend it to the consideration of medico-moral reformers.

"The infibulation of boys, according to Celsus, is accomplished in this wise:

It is performed sometimes on account of the voice, and

sometimes on account of health, and the method is to extend the foreskin over the glans and mark upon each side the proper place for perforation, and then it is allowed to slip back again. If the marks are returned over the glans, too much is taken up, and it should be marked lower; if the glans is free from them, the proper place for the fistulæ is secured. Then the skin is transfixcd through the marks by a needle carrying thread; the ends of this thread are tied together, and it is daily moved until the foramina are cicatrized; when this is perfected the thread is removed and the *fibula* is inserted. But this, indeed, says Celsus, is often greater than necessary. By this method of infibulation if the fibula should not be seen, nothing can be perceived, as Celsus remarks. Wherefore I am in the habit of exhibiting to my hearers an antique fibula, procured from the museum of the illustrious Pinellus, and apply it to the organ that they may see how youths may be preserved from sexual connection."

All are familiar, of course, with the methods of an analogous kind, formerly, and even now in certain parts of the world, adopted to secure the chastity of their females. Would it not enlarge the area of professional service to the world, if some of the gentlemen now howling themselves hoarse, and writing themselves blind, over the Whiskey and Tobacco hobbies, would —

"Leave off their damnable faces and begin"

to revive these ancient methods of moral reform, or rather prevention, of which we are told an ounce is worth a pound of cure?

Influenza.—This common and depressing malady, a correspondent of the New Orleans *Journal* observes, is no longer treated in England with purgatives and salines. Mulled wine is the favorite and successful substitute. One prescription used with much success is the following:

R. Ammon. Sesquicarb. 3 ss;
 Ætheris Chlor. 3 j;
 Tinct. Cardam. Comp. 3 j;
 Mist. Camph. ad. 3 vj;

Ft. mist. partem quartam 4 tis horis.

She-Doctors.—Dr. Bennet Dowler is out in his editorial columns, in favor of recognition of a feminine branch of the profession. He advises consultation with them, provided they are properly educated and qualified. "Is not," says he, "the rule forbidding consultation with all females, regardless of their qualifications and merits, an unnecessary restriction? an aggression? an injustice which will react injuriously upon the profession, and give rise to well-grounded charges of prejudice and persecution?" Whilst we cannot but admire the chivalrous gallantry of our Southren *confrere*, we must be allowed to dissent totally from his conclusions. We do not propose to discuss the Woman's Rights question—all the world knows the dear creatures have the right to make doctresses, or worse, of themselves in "these United States," but another question arises when we coolly contemplate such a recognition of them, as to encourage others to fly off in such a deplorable tangent from their true orbit. We like women well enough, as an abstract proposition, but from the tongue of the sex in consultation, (*Horresco referens!*) we can only pray—"Good Lord deliver us!" Just think of this new apple of discord, tossed into the already not over peaceable professional circle! Would not the French critic's description of "the brilliant discourses which adorn the French Academy," be re-enacted every time He and She met over an unhappy patient? *Sic*—"A strife of words kept up by a confusion of principles; entire absence of conviction in one party, and extreme narrowness of views in another; fighting in empty space; reasonings in a circle; and false conclusions."

Solutions of Iodine.—From many recent experiments, the opinion seems to be gaining ground that, in order to develop its full powers as a local application, Iodine requires to be used in much stronger solutions than have usually been employed. Whilst Nitrate of Silver has been used in very strong or even saturated solutions, Iodine, perhaps from apprehension of its more highly irritating character, has been applied

only in solutions of comparatively trivial strength. As an application to the Diphtheritic throat, to the cavity of abscesses, even into the serous cavities affected by disease, &c., &c., there are evidences accumulating that solutions of maximum strength are proving vastly more efficient, and freer from unpleasant consequences, than has heretofore been considered either probable or possible.

Hypodermic Injections.—Dr. Thayer, in the *Berkshire Med. Journal*, chronicles quite a number of cases of neuralgia and local pain from other causes, a case of dysentery, one of asthma, and one of delirium very promptly relieved by subcutaneous injections of solution of morphia—using generally about the sixth of a grain in q. s. of the menstruum.

Bandages in Rheumatism.—The *Berkshire Journal* strongly recommends bandaging of the affected limb as “a valuable adjuvant” in the treatment of Rheumatism.

Bloodletting, et alii.—Prof. Gross recently read a paper before the Philadelphia County Med. Society, wherein he enters an earnest protest against many of the medical ideas of the present time. The initial proposition is sufficiently significant of what is to follow. He says:

“The revolutions in medicine have been almost as numerous as the revolutions of empires, and hardly, if indeed any, less disastrous to human life. The checkered arch which spans its horizon, has everywhere inscribed upon it, in legible characters, the words change, change, change. Every age has had its medical absurdities and inconsistencies, and, judging from the tendencies of our own, it is evident the times are sadly out of joint in these particulars.”

To stay this flood tide of change appears to be the great object of the author. He believes in the unchanging type of diseases; he believes in inflammation as at the bottom of all organic diseases; he believes in bloodletting as the especial

remedy for inflammation, and he believes that the modern substitution of opiates, stimulants and sedatives, for the good old-fashioned lancet, is fraught with multitudinous danger. He quotes the case of the late eminent Dr. Francis, who once in a violent attack of croup lost, in a few days, nearly three hundred ounces of blood, and yet recovered. [It is a saddening commentary on this temporary escape of Dr. Francis, that his son, a young man of brilliant promise, was unquestionably hurried to his grave by an attack of Typhoid Fever, which was treated heroically by Bloodletting and Mercurials.]

He denounces Todd and John Brown, (not him of Harper's Ferry, but "the other man"), sneers at Virchow, cannot endure Bennett, and begs Young Physic to recollect that Hippocrates is looking down upon him from the height of nearly twenty-five centuries.

It seems a mere platitude to repeat "antiquity is but the youth of the world," but Prof. Gross appears to sturdily believe (with "the venerable Dr. Paine,") that what was taught by the magnates of mediæval or ancient times, is as rightfully binding upon the belief of the present day, as the experienced teachings of an old man upon a youth.

Now, with the highest estimation for the professional learning of Prof. Gross, we must say that, here and elsewhere, we believe he is misled by the adoption of utterly untenable premises.

1. He assumes that there has been no change in the type of diseases,—hence old time experience in their treatment and the evidence of the fathers, in favor of "depletory" and "antiphlogistic" methods of treatment, are to be received unhesitatingly.

2. He assumes, in fact although not in express terms, that the great variety of changes collectively denominated "inflammation," are essentially the same process, and hence amendable to the same treatment.

On one page he insists: "*There is no doubt that an early spoliative bleeding and the judicious use of the more heroic*

articles of the materia medica, formerly so much in vogue, will often do more in saving structure and function than any other of the popular remedies of the day." (The italics are ours.) But upon the next page, apparently conscious of the dangerous application of this suggestion, in a description of his ideal of an "older and wiser" practitioner, he says that "*He administers medicine with a sparing hand, carefully eschewing everything that savors of polypharmacy and heroic measures.*" Is this a "sop to (the professional) Cerberus?" We are content to aspire to belong to Dr. Gross' "older and wiser" party.

The fact is "Brunonianism and Toddism," between which the parallel is attempted to be drawn, have no scientific feature in common. It is a logical error to assume that because in some respects things are similar, that, therefore, they are essentially alike. Scientific modern practice, as largely influenced by Drs. Todd and Bennett, is not to be put down or belittled by coupling it with "Brunonianism and other isms." The "reaction," or rather retrogression, so earnestly desired by Prof. Gross, is not to be secured by falsely supposed damaging comparisons, any more than the scientific physiology and pathology of the day is to be overwhelmed by the ponderous treatises which Prof. Paine has rolled up, by constant iteration and reiteration of the foggy lucubrations of Stahl, Van Helmot and the musty scholiasts of the dark ages.

Ligation of the Arteria Innominata.—Dr. E. S. Cooper's case proved fatal on the forty-first day, by secondary haemorrhage. Haemorrhage occurred once or twice to a slight extent but was controlled. Ultimately the patient, in a fit of either frenzy or despondency, tore off the dressings and speedily succumbed.

Prof. Larson returns to the practice of his profession at Cincinnati this spring.

Diphtheria.—A correspondent in Indiana writes, in a post-script to a business letter, as follows :

"Diphtheria prevailed in this locality to a very considerable extent during the previous autumn. From actual experience and demonstration, I am prepared to prove that no benefit will accrue from the use of Nitrate of Silver as a caustic. I treated fifty-one cases without cauterization of any kind, and lost but two. I depend for the most part upon the constitutional treatment. I used Quinine and Chlorate of Potash freely—Calomel when I deemed it necessary. I have given to a child from three to four years of age, from 100 to 120 grs. of the Chlorate in 24 hours."

We hope our friend will communicate more in detail.

Camman's Stethoscope.—This formidable looking toy can be obtained in this city, at or about \$7.00, we believe. We have one in the office which hung up in sight for a year or two, but having accidentally ascertained that by some of our patients it was mistaken for a pair of obstetrical forceps, we incontinently stowed it away in the recesses of our deepest drawer. *Hic jacet!* It is a capital invention for magnifying the mistakes to which the common single-barrelled Stethoscope gives rise.

To Correspondents.—We cannot undertake to reply by letter to all letters received, unless there is special occasion. Our list of receipts, it will be seen, cannot include those of a later date than ten days or a fortnight prior to the issue of the No. which contains the list. Where it is appropriate we shall respond through the JOURNAL. We have promptly mailed all such back No's as have been applied for. To several parties we have mailed back No's twice, on information that those previously sent had not come to hand. If they have not been received it is not our fault, but must be charged upon the mails.

Bills.—In the present No. we enclose a statement of the accounts of all subscribers in arrears, as they appear on the books of the JOURNAL. If any errors are manifest, they will be corrected with great pleasure. It is positively incumbent upon us to collect in these bills. Pay a part if not the whole, but pay the whole if possible. There are not less than Three Thousand Dollars standing upon our books, even after excluding all those not believed to be against "good men and true." Meanwhile we are paying the printer from our scanty private funds. It is to be hoped there will be no more delay in settlement.

SINCE the re-organization of the Faculty of Rush Medical College, it has been a matter of constant concern and effort to enlarge and improve the Museum. Already the evidence of their united effort is visible in the greatly increased means of illustration, and rapidly growing collection. Valuable importations have been made from Europe in the different departments, besides the addition of very many useful and elegant specimens of home preparation.

New cases have been placed in the Museum the past year which are quite filled, and others will be added the coming summer, which it is the intention shall not long remain empty.

A few years will find the College in possession of a collection commensurate with its rapidly growing wants, and proportioned to the importance of its position.

The efforts of the Faculty can be materially aided by the Alumni and friends of the Institution having abnormal or other specimens in their possession, by a donation to, or deposit of them, in the College Museum. They are comparatively valueless to the private practitioner, being seen by but few, whereas in a Museum, visited by hundreds every year, their worth is proportionally increased. It is in the hands of the Teacher of Medicine that abnormal specimens attain their true value.

City Medical Library.—There are in Chicago somewhere from 175 to 200 regular physicians. There are, of course, an innumerable throng of quacks and nostrum peddlers of every hue, from the elegant specimen who haunts the outgoing cars of the Central Rail Road with his "*two-shilin-bottl-warnted-to-cure-ed-ache-toothache-nd-any-kind-of-pain-in-five-min'ts,*" down or up to the ponderous individual who vends small pills in marble fronted houses on *the Avenue*. But these latter we pass over for the 175 of the regular order.

There are two or more Medical Societies in the city and county, each useful in its day and generation. These societies are sometimes disposed to look with disfavor upon such professional gentlemen as do not join their ranks as members. Nevertheless the truth remains, that but a moiety of the profession belong to either. We propose trial of another method of association, and that is, the establishment at some central point in the city of a Medical Library, suitable to the wants of 175 or 200 reading professional men. A Library of "books which are books,"—a collection which may prove as valuable to our profession as the Law Library in the Court House proves to the legal gentlemen of the city. Let the library room be the professional exchange where physicians shall meet, both formally and informally, and compare notes and exchange views. Where the amenities of professional intercourse may be cultivated, at the same time that minds are enriched with valuable information. A moderate fee for admission to its privileges at the outset, and perhaps annually; donations, which would be abundant if permanency was guaranteed, and a little vigorous effort in the right direction, would soon give us a Library which would be an honor to the profession and the city. The details are simple and the methods evident. What say you, Gentlemen, whose lives and voices are elevated continually in the advocacy of "elevation of the profession?" Which of you will immortalize himself by moving in the matter?

DEATH OF DR. FOUNTAIN, OF DAVENPORT, IOWA.—Dr. Fountain's death occurred on Friday afternoon last, after great and continued suffering for a week, which he had borne with unflinching Christian fortitude. For some time past he had been continuing, at the suggestion of the American Medical Association, his researches upon the properties of chlorate of potassa as a remedy in phthisis, taking the ground that the article when pure was almost entirely harmless in large doses. Under this conviction, he took upon several occasions doses of half an ounce, and on Friday at 10 A. M. he took one ounce, dissolved in a pint of water. No serious symptoms occurred through the day, except a profuse diuresis and discoloration of the superficial circulation, and he visited his patients as usual. Having eaten a hearty supper in the evening, he returned to his house, where he was shortly after seized with severe pain in the abdomen, and so greatly prostrated as to be unable for some time to call assistance, (being alone in the house, his wife being absent at the East.) He expected to die in this condition, but by a desperate effort succeeded finally in calling his neighbors, who sent for his partner, Dr. Adler. His symptoms were after a time partially relieved, but soon he was seized with vomiting, ejecting a dark-colored, greenish fluid, being unable to retain any nourishment; the secretion of the kidneys was also entirely suppressed. This condition continued, with a gradually increasing prostration of the system, (the mind being perfectly clear,) for seven days.

"The post mortem examination revealed extensive inflammation and disorganization along the whole course of the intestinal canal, with adhesions agglutinating nearly the whole of the abdominal viscera; the gall bladder distended with a thick dark colored fluid; the kidneys enlarged and lobulated externally, the internal surface and substance engorged, and the uriniferous tubes distended, containing frequent points of a crystalline substance, which was, without doubt, chlorate of potassa; and the bladder entirely empty, contracted and inflamed.

As a full statement of the case will be published, it is unnecessary for us to dwell further upon it.

In the death of Dr. Fountain the profession in the Northwest has lost one who was destined to prove one of its brightest ornaments, and the community in which he lived, one of its most valuable citizens.—*Chicago Tribune*.

We had little thought when penning the paragraph on

Chlorate of Potash, in another part of the present number of the *Journal*, that our ideas were so soon to have a striking and melancholy illustration. This sad experiment has shown that although the article in question is comparatively inert, in doses ordinarily employed, yet in inordinate amount it is capable of even fatal effects. In this respect it is altogether analogous to many other salines. We trust that this calamitous result may not fail to impress the needed lesson.

It is to be hoped that we shall hear no more of the intense folly of Chlorate of Potash being in any sense a remedy for phthisis. Phthisis never has been, and we hazard little in saying, never will be cured by medicine. If modern physiology and pathology have taught any one thing more than another, it is that this fearful disease is to be met by nutrients and appropriate regimen. Medicine therein is only indirectly and remotely beneficial. And yet we have known case after case go down to death, in this very city of Chicago, during the winter just past, treated empirically with Chlorate of Potash, expectorants and seclusion. Why, it is not yet a year since one of our most estimable physicians allowed himself to be treated for phthisical symptoms with small doses of antimonials and low diet! He fortunately escaped the immediate necessary effects, by seeking the natural tonic and stimulant effect of Lake Superior air and habits (including appropriate drinks) during the last summer, and during the winter the opportunities of out-door air and exercise, and consequent invigoration of the digestive system, afforded by a Southern climate.

It is our duty to make one other remark in this connection. Experiments made upon the healthy system, are of doubtful import, as illustrative of the effects upon the same system in a state of disease. The article which is rapidly eliminated by the healthy organ and thus proves harmless, may in a condition of disease prove deadly by its continuance in contact with the same. Experience demonstrates the fact, however it is explained.

Much confusion exists in some minds as to the terms medicines, poisons and food. Medicines and poisons are agents capable of producing a change in the structure or action of any part or the whole of the system, although constituting no part of the integral constituency. They are respectively poisons or medicines according as this change is not, or is, necessary. The degree of action does not constitute a scientific distinction in their nature. A medical action is never unnatural. It is a gross confusion of terms to call any medicine an unnatural agent. As well speak of the fire which restores the warmth of the body as an unnatural agent, because it can char and destroy the same body thrown into it. But food enters into the very structure of the body, and constitutes an integral part thereof. Not so entering or constituting, it is noxious, poisonous if you please, in kind if not in degree, as is woorara or arsenic. A like significance attends the idea of the influence of all the so-called imponderable agents. They are noxious or salutarious according as the changes they tend to produce are not, or are, requisite.

With due regard to strictness in the use of language, there is not, and cannot be, a specific for any disease, phthisis or other. In this day it is as great folly to search for it, as for the "Philosopher's Stone" or the "Elixir of life" of old time imaginings.

Let the Homœopaths enjoy their specifics jointly with the other newspaper quacks,—we shall continue to steadfastly believe that, though hand join in hand, they shall not escape their destined punishment.

The very best remedy for a diseased organ, whether a tuberculous lung, an indolent ulcer or a gouty toe, is to wash it with healthy blood, flowing from within outwardly, and not by healing salves, inhalations, poultices and specifics, working from without inwardly, as the manner of some is.

The method of nature is to be imitated by art, but as Shakspeare observantly writes, "The art itself is nature." It is all very well to train the branches and graft them, to wash

and peradventure whitewash the trunk of your tree, but if you wish it to grow and flourish and bear goodly fruit, you must supply the rootlets and spongioles with nutrient fluids, and surround the leaves with appropriate atmosphere.

One very considerably eminent gentleman is reported to have said that the great want of the present time is, a specific for tubercle, and a specific for cancer; as in Scabies we have Sulphur, and in Syphilis, Mercury, for specifics. The prayer of his heart can never be granted as he intended, although it may in fact. Because neither Sulphur nor Mercury are specifics within any correct definition of the term.

Specifics, whether Chlorate of Potash or Morrison's Pills, can have no existence anywhere, save in the imaginations of speculative theorists and hobby riders.

In these remarks we by no means would be thought to convey the idea, that the lamented Dr. Fountain was in any way committed to the idea that Chlorate of Potash would prove specific in Phthisis. We do not know whether he was or not; but we do know that many who had read his articles on the subject, have already mounted this hobby and were fast riding it to the death—of their patients. For Heaven's sake, my Chlorate-of-Potash-bitten friend, don't ride this poor hobby to the nether regions as quickly as you did *Veratrum Viride*, yesterday; *Aconite*, the day before, and *Digitalis* a little while since. Or were you straddling the *Hypophosphites* last week? We have medicines enough already—too many; would that we knew better how to use them.

Meanwhile, what do you say to a bit of beefsteak, tender, rare-done, washed down with generous beverages, (such as saved the threatened life of our friend above spoken of,) a little more pure air and sunlight, a clear conscience, sleep at nights and regular bowels? *These* afford a remedy for Phthisis worth thinking about.

Ye Oliphant.—It is whispered among the knowing ones of the city, that some of our professional brethren having

drawn an elephant in a raffle, are in great straits what to do with him. We see countenances in which melancholy anticipations, scarce concealed, prey like a worm in the bud upon their *damaged* cheeks—What shall be done with “*ye oliphant*?”

Briefly then, as public journalists, we advise those implicated, —don’t hang your lip or put finger in the eye, but draw your weasel-skins like men. That is “the long and the short of it,” as a gentleman laboring under difficulties says when he compares his debt and credit pages.

SIR BENJAMIN BRODIE’S eyesight is pronounced lost beyond the hope of restoration. The London *Medical Circular* says:

“Prior to the late operation, the distinguished German oculist consulted in the case had expressed an opinion that the retina behind the cataract would be found to have retained its integrity; but a month has passed since the removal of the lens, and no improvement whatever has taken place. Objects of any kind are totally undistinguishable, and almost light from darkness. In other respects it is satisfactory to state that Sir Benjamin is in good health, and bears his misfortune with becoming fortitude.”

By other advices it is understood that the blindness is not so complete or hopeless as here intimated. Nevertheless the the worst is feared.

Thesis.—Dr. M. M. Eaton, of the late graduating class of Rush Med. College, furnished a very well written Thesis on Menorrhagia as his inaugural. It was inadvertently omitted from the copy furnished the printer last month.

Marine Hospital at Detroit.—The profession in Michigan are to be congratulated on the selection of Dr. Bliss, of Grand Rapids, as Surgeon of their Marine Hospital, by the new administration. Our bowels of compassion yearned over the imminent danger of the unfortunate sailors, contingent upon the appointment of another *strong* (in the olfactory sense) individual to the post. Dr. Bliss will honor both himself and the Government in the position.

Homœopathy in the University of Michigan.—It is rumored that the Legislature of Michigan have again attempted to foist one or more chairs of Homœopathy upon this institution. We opine the effort will fail as it has heretofore done. The Constitution of the State lodges the supreme control of the University in its duly elected Regents, and that body dare not shoulder the odium of any such folly. The only things homœopathic that are or will be permitted about the Ann Arbor College, are the fees for admission, and the brains of *two* of its —perhaps that is going far enough among the infinitesimals.

Chicago Marine Hospital.—At the present writing, so far as heard from, the appointment of Surgeon to the Marine Hospital hangs fire. There is a rumor floating around the streets, however, that it is to be bestowed in a quarter which makes the doctors stare at each other in blank amazement and leaves them undecided whether to laugh or swear. As it is none of our funeral, we can only beseech the mourning disappointees to take another long breath, wipe their eyes and hurrah for "*Ol Dabe.*" Dear Brothers, there are *some* names with which treachery is a synonym. Which of you was cheated?

The Cæsarean Section.—A correspondent of an Eastern exchange, recently, coolly suggests that mothers with deformed pelves should be allowed in all cases to go their full time, and then trust to the chances of the Cæsarian section. It is suggested to our cotemporary who admits the communication, that that will do for *that* correspondent. *He has climbed high enough on that pole—take him down.*

Ointment for Hemorrhoids.—A good substitute for the Ung. Gallæ is afforded by rubbing in a mortar from one to five grs of Acet. or Mur. Morphie with a little oil, and adding to this an ounce of lard or spermaceti ointment well mixed with from ten to thirty grains of Tannin. This is unirritating and efficient.

American Medical Association.—The Nashville *Medical Journal* makes the following timely observations:

"The founders of the American Medical Association were wise enough to foresee the metamorphosis of nations upon this continent, and in establishing a government for its profession of medicine, placed it above the reach of revolution. There is nothing *national* in the Association. It was designed for America with its one or one hundred nations. It is not the Medical Association of the United States—not at all. It is the American Medical Association. We have seen the profession of Canada represented in it, and hope to see members from Central and South America raising their voices in it for the general good. It could constitutionally hold its meetings in Vera Cruz, Montreal or Havana, as well as in Charleston or New York, and would do so upon invitation. We hope to see a large meeting at Chicago in June next. The Garden City can accommodate all that go. Let every physician of America, from ocean to ocean, and from the Gulf of Mexico to the North Pole, feel that

"No pent-up Utica bounds his view,"

and that he owes it to his profession to stir up the members of his local medical society to see to it that a full representation shall be had."

It is understood that the energetic and zealous Committee of Arrangements have secured Metropolitan Hall for the session of the Association. It is perhaps to be regretted that the better characteristics of the new Bryan Hall, in respect to acoustics, ventilation and beauty, had not commended it to the committee in preference. It may not be too late even yet to remedy this apparent mistake. Nevertheless we can assure our visiting friends that the quarters secured are equal, or superior, to any which have heretofore been placed at the disposal of the Association.

We fervently trust that Chicago shall prove in June next a true medical Mecca, whither the *Æsculapian* tribes shall come up and revive if possible the ancient glories of the profession.

Extirpation of the entire Parotid.—M. Marzolo relates a case, in the *Gazetta Medica Italiana*, wherein he extirpated

the entire parotid gland, preserving the facial nerve and the external carotid artery. In six weeks the cure was complete; and eleven years after, the patient, a woman of fifty, had presented no indications of a return of the disease. The *Gazette Médicale de Paris*, which also records the case, appears not to be perceptibly astonished—although consternation and wrath may, perhaps, run riot in the classic purlieus of *L'Ecole de Pratique*.

Free Openings into Suppurating Joints.—There is very decided progress in opinions, with reference to the propriety of freely opening synovial cavities, where evidences of suppuration are present. The danger of admission of air has been, clearly, over-estimated. The advocates of speedy opening have, recently, adduced powerful support of their position by published cases. Not only is immense pain and suffering spared the patient, but recovery with unimpaired function of the joint is manifestly promoted. Even when the larger serous cavities become involved in the suppurative process, it is beginning to be understood that not only may the contents be safely and advantageously discharged by operation, but their surfaces may often be hopefully treated by local medicinal applications. Germane to this proposition, we are promised the details of a case of pleural empyema, wherein a solution of Iodine, of almost heroic strength, was injected with the most admirable beneficial effect, including a speedy and permanent cure.

We opine that pure air is not so dangerous either to the internal or external parts of the body as some of the advocates of "seclusion in phthisis" and sundry other disorders seem to imagine. The advantages of freedom of discharge largely counterbalance all theoretical fancies about the disastrous effects of air.

Epitome of Braithwaite's Retrospect. By Walter S. Wells, M. D. New York: Chas. T. Evans. For sale by W. B. Keen & Co., Lake Street.—We chronicle the issue of this work with very great pleasure. In two volumes of a little over 900 pages each, we have collected the cream of this well known Retrospect. Having examined the volumes with care, guided somewhat by our own copious index of the original prepared with very great labor, we freely say that the Epitome is really more valuable than the complete series. All the subjects treated of are collated in alphabetical order, and crowned with a full index, so that any subject can be referred to at once. At a moment's glance you can find all of improvement, advance or innovation, that Braithwaite has gathered up in the last twenty odd years—a period richer in progress than any other known to history. The Editor has performed his part of the work with great industry and sagacity. We hesitate not in saying that no physician, who has any idea of "keeping posted," can afford to do without the Epitome. The advertisement, being a matter of permanent interest, can be found on another page.

We are gratified to notice that the very capable Editor is preparing a Summary of Medical Sciences to be issued by the same publishers semi-annually.

CHICAGO, April 3d, 1861.

ED. CHICAGO MEDICAL JOURNAL:

Since handing you the article to be contained in another part of your *Journal*, I have seen a communication from the pen of Prof. A. K. Gardner, appearing in the *American Medical Times*, wherein he claims priority of invention and asserts the superiority of his "Uterine Elevator" over that described by me in the *Times* a few weeks before.

I cheerfully concede the rights of the Professor, so far as they regard mere antecedence in the application of the me-

chanical principle involved, though, I may be permitted to add, I was not myself, nor were the professional gentlemen to whom I submitted my instrument and by whose advice I published the account of it, aware of the existence of his "Elevator." I had consulted the latest catalogue of Messrs. Tieman & Co., and found there a notice of *Sanger's, Sims & Elliott's* instruments, and had taken pains to see them, hoping to meet in them the requirements of a case then under treatment. No mention of Dr. Gardner's instrument is made in that catalogue, and my ignorance of his invention, therefore, needs no further apology.

As to the alleged inferiority of my "Retractor," a practical knowledge of its efficiency inclines me in no respect to defer to the opinion of the distinguished Professor. The axis of the instrument, when in position, is near enough the os uteri for all practical purposes, and in fact, by the distance of "half an inch" intervening, perfect security for the cervix is gained. In my opinion, the "Retractor" is not so obnoxious to criticism, on the score of liability to get out of order, as is the instrument of Dr. Gardner, the working parts being entirely enclosed, yet not beyond the reach of lubricating oils.

In conclusion, I still maintain the "Retractor," as neither too "clumsy and heavy," nor of less power than is perfectly sufficient for the object proposed in its construction.

Dr. Gardner's instrument must be used in but one direction, the stem being capable of motion, so far as I may judge from his diagrams, to the extent of three-quarters of a circle, nor is the operator able to detect the exact position of the uterus by means of any mechanical appliance, as is the case with the instrument devised by myself.

Yours very respectfully,

H. WEBSTER JONES, M.D.

North Division 88
West Division 88
Total 176

MORTALITY OF CHICAGO FOR FEBRUARY, 1861.

DISEASE.	NO.	DISEASE.	NO.
Brain, Inflammation of...	2	Rheumatism.....	2
Convulsions	6	Still Born.....	2
Hydrocephalus	4	Puerperal Fever.....	1
Teething.....	20	Old Age.....	3
Exposure.....	1	Burns.....	1
Diphtheria.....	15	Intemperance.....	2
Croup.....	9	Typhoid Fever.....	4
Whooping Cough.....	1	Lungs, Congestion of....	3
Scarlet Fever.....	3	Liver, " ".....	1
Pneumonia.....	5	Consumption	25
Cardiac Disease.....	4	Unknown.....	10
Enteritis	4		
Cholera, Infantum.....	7		135

AGES.	NO.	Consumption.	AGES.	NO.
Under 1 year.....	31	Under 1 year.....	2	
Between 1 and 5 years..	43	Bet. 10 and 20 years....	2	
" 5 " 10 " ..	7	" 20 " 30 "	8	
" 10 " 20 " ..	4	" 30 " 40 "	4	
" 20 " 30 " ..	9	" 40 " 50 "	2	
" 30 " 40 " ..	9	" 50 " 60 "	3	
" 40 " 50 " ..	12	" 60 " 70 "	4	
" 50 " 60 " ..	6			
" 60 " 70 " ..	5			
" 70 " 80 " ..	2			25
Unknown.....	5			

AGES.	NO.	Diphtheria.	AGES.	NO.
Under 1 year.....	4	Under 1 year.....	1	
Over 1 year.....	16	Betw. 1 and 5 years....	10	
	20	" 5 " 10 "	4	
				15

Deaths in the different Divisions of the City, divided as follows :

North Division.....	36	West Division.....	53
South "	46	Total.....	135

The Mortality List of this year compares as follows with the List of Mortality for 13 years. The number of deaths for the month of February for a number of years has been as follows:

1847	32	1855.....	123
1848	41	1856.....	92
1849	36	1857.....	106
1850	53	1858.....	126
1851	38	1859.....	115
1852	42	1860.....	128
1853	81	1861.....	123
1854	95		

MEETING OF THE ALUMNI OF RUSH MEDICAL COLLEGE.

The undersigned, Alumni of Rush Medical College resident in Chicago, propose to our brethren a Re-union, to be holden in Chicago on the day immediately preceding the meeting of the National Medical Association. Believing that such a meeting would be of interest to all to whom this call is addressed, and as a similar opportunity is not likely soon to occur, we cordially invite you to participate in the pleasures of the occasion.

W. C. HUNT,
V. L. HURLBURT,
JOHN NUTT,
E. INGALS,
PHILIP MATHEI,

WARREN MILLER,
E. O. F. ROLER,
EDWIN POWEL,
I. P. LYNN,
J. W. FREER,

JOHN B. BROWN.

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